



Missouri Department of Revenue  
**Authorization and Release for License Office  
Management, New Personnel, and Officers**

License Office	Contract or Office Manager	Telephone Number ( ) -
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Department Use Only			
<input type="checkbox"/> Department of Revenue tax compliance review has been conducted		<input type="checkbox"/> MVPPT <input type="checkbox"/> Del Comments: _____	
<input type="checkbox"/> MSHP <input type="checkbox"/> CS		Date Notified: _____	
Signature	Date (MM/DD/YYYY) _/_/____	Signature	Date (MM/DD/YYYY) _/_/____

Completion of this form authorizes the Department of Revenue to conduct compliance checks regarding vehicle titling and registration records and payment of taxes and to initiate a request through the Missouri State Highway Patrol for a criminal background check. The license office contractor's long and short account will be debited for the \$11 processing fee for each background check performed.

Employee Position	Select one of the following and indicate the position the employee will fill, if applicable.	
	<input type="checkbox"/> Prospective License Office Employee	
	Position employee will fill: <input type="checkbox"/> Contract Manager <input type="checkbox"/> Office Manager <input type="checkbox"/> Clerk <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Current License Office Employee at _____ License Office. Current Position _____	
	Position employee will fill: <input type="checkbox"/> Contract Manager <input type="checkbox"/> Office Manager; <input type="checkbox"/> Person With After-Hours Access Only <input type="checkbox"/> Non-Bonded Cleaning Staff <input type="checkbox"/> Officer (Officer does not apply to political subdivisions) <input type="checkbox"/> Presiding Officer	

Section 1 - Applicant Information	This section must be completed by all applicants.			
	Full Name		Officer's Title (if applicable)	County
	Social Security Number  _ _ _ _ _ _ _ _ _ _	Date of Birth (MM/DD/YYYY) _/_/____	E-mail Address	
	Home Telephone Number ( ) -	Cellular Telephone Number ( ) -	Fax Number ( ) -	
	Mailing Address	City	State	Zip Code
	Only complete spouse's information if applicant is married and filing joint returns.			
	Spouse's Full Name		Spouse's Social Security Number  _ _ _ _ _ _ _ _ _ _	
Spouse's Date of Birth (MM/DD/YYYY) _/_/____		Spouse's Cellular Telephone Number ( ) -		
Spouse's Mailing Address		City	State	Zip Code

Section 2 - Vehicle Information	This section must be completed by Prospective License Office Employees, Officers, and Presiding Officers. List all motor vehicles, trailers, all-terrain vehicles (ATVs), vessels, and outboard motors owned or co-owned by the applicant that are required to be titled in Missouri. Also, list leased units, if the applicant is responsible for the registration and payment of personal property taxes on the units. Attach additional sheets if necessary.		
	Year	Make and Model	Vehicle Identification Number or Missouri Title Number

This section must be completed by Current and Prospective License Office Employees, Officers, and Presiding Officers.

Do you own a business or are you an officer of a business for which you are responsible for filing returns and paying any of the following Missouri taxes?

Sales and Use Tax? ☐ Yes ☐ No; Income Tax? ☐ Yes ☐ No; Employer Withholding? ☐ Yes ☐ No

If yes to any of the above, complete the information below for each business owned and for each motor vehicle, trailer, ATV, vessel and outboard motor owned, co-owned, or leased by the business, if the business is responsible for the registration and payment of personal property taxes on such leased unit. Attach additional sheets if necessary.

#### Business 1

Does the business have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Doing Business As (DBA) Name	
Legal Name of Business on File with the Internal Revenue Service (IRS)		Contact Person	
IRS Form 1099 Mailing Address		City	State Zip Code
Telephone Number ( ) -	Fax Number ( ) -	Charter or Certificate of Authority Number	
E-mail Address	Federal Employer I.D. Number	Missouri Tax I.D. or Exemption Number	
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	

#### Business 2

Does the business have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Doing Business As (DBA) Name	
Legal Name of Business on File with the Internal Revenue Service (IRS)		Contact Person	
IRS Form 1099 Mailing Address		City	State Zip Code
Telephone Number ( ) -	Fax Number ( ) -	Charter or Certificate of Authority Number	
E-mail Address	Federal Employer I.D. Number	Missouri Tax I.D. or Exemption Number	
Year	Make and Model	Vehicle Identification Number or Missouri Title Number	

This section must be completed by all applicants.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. By my signature below, I hereby authorize the Missouri Department of Revenue (Department) to check for compliance for at least the last five years: (1) my Federal and Missouri tax records including, but not limited to, individual income tax, corporate tax, sales and use tax, withholding tax, and employment security tax pertaining to me personally (and my spouse, if married and filing combined returns) and to any corporations, partnerships or companies of which I am an owner or may be a responsible person or officer; (2) the title and registration records on all vehicles, trailers, ATVs, vessels, and outboard motors (units) that I and any business for which I am responsible owns or co-owns for proper registration as well as those units leased by the applicant or business, if the applicant or business is responsible for the registration and payment of personal property taxes on such leased units and any outstanding sales and use tax delinquencies; and (3) my personal property tax payment records on the above units. I do hereby release the State of Missouri, Department of Revenue, and other persons, firms, corporations, and institutions from any and all liability or responsibility in the conduct of any such check or investigation and the disclosure of any information relating thereto. This authorization shall remain in full force and effect until such time as actual notice of termination of such authorization is delivered in writing to the Department. A copy of this authorization shall have the same effect as the original.

Applicant's Authorized Signature	Date (MM/DD/YYYY) ____/____/____	Applicant's Spouse's Signature (if applicable)	Date (MM/DD/YYYY) ____/____/____
Printed Name		Printed Name	